

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Cardiology Political Action Committee

ADDRESS (number and street)

2400 N St NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20037

1153

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00375360

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2007

through

02

28

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Richard Goldberg

Signature of Treasurer

Electronically Filed by Richard Goldberg

Date

03

16

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American College of Cardiology Political Action Committee

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		384594.40
(b) Cash on Hand at Beginning of Reporting Period	380329.01	
(c) Total Receipts (from Line 19)	54468.91	69855.68
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	434797.92	454450.08
7. Total Disbursements (from Line 31)	8000.81	27652.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	426797.11	426797.11
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	37377.00	49627.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	16637.33	18759.33
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	54014.33	68386.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	54014.33	68386.33
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	454.58	1469.35
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	54468.91	69855.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	54468.91	69855.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		450.81	1502.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		450.81	1502.97
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		7500.00	26000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		50.00	150.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		50.00	150.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		8000.81	27652.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		8000.81	27652.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	54014.33	68386.33
34. Total Contribution Refunds (from Line 28(d))	50.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53964.33	68236.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	450.81	1502.97
37. Offsets to Operating Expenditures (from Line 15, page 3)	454.58	1469.35
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-3.77	33.62

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 / 43

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Michael Adesman Mailing Address 400 Woodward Road City State Zip Code Media PA 19063-4227 FEC ID number of contributing federal political committee. C Name of Employer Cardiology Consultants of Philadelphia Occupation INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 7 Transaction ID: fcc30908324549a3803a Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Michael Adesman Mailing Address 400 Woodward Road City State Zip Code Media PA 19063-4227 FEC ID number of contributing federal political committee. C Name of Employer Cardiology Consultants of Philadelphia Occupation INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7 Transaction ID: cd548cae1aaa41688696 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Jay Alexander Mailing Address 2256 Carlyle Court City State Zip Code Buffalo Grove IL 60015-1884 FEC ID number of contributing federal political committee. C Name of Employer North Shore Cardiologists Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7 Transaction ID: a33933588f634e669530 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Jay Alexander Mailing Address 2151 Waukegan Road #100 City Bannockburn State IL Zip Code 60015-1884 FEC ID number of contributing federal political committee. C Name of Employer North Shore Cardiologists Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt MM / DD / YYYY 02 / 28 / 2007 Transaction ID: 030507-VUHF0E5CC466 Amount of Each Receipt this Period 200.00
B. Full Name (Last, First, Middle Initial) Costa Andreou Mailing Address 210 Keyhole Court City Cramerton State NC Zip Code 28032 FEC ID number of contributing federal political committee. C Name of Employer Mid Carolina Cardiology P.A. Occupation INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 02 / 27 / 2007 Transaction ID: 6ebab9fccf142939e38 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Joseph Babb Mailing Address 2133 Conerstone Drive 3rd Floor, Room #378 City Winterville State NC Zip Code 27858 FEC ID number of contributing federal political committee. C Name of Employer East Carolina University-Brody School of Medicine Occupation INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 02 / 27 / 2007 Transaction ID: d8ba5f82b6be4fa6bd38 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Jayant Barai		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7 Transaction ID: 5209f3866e644a97ab47
Mailing Address 345 Henry Street Suite 105		
City	State	Zip Code
Orange	NJ	07050-2577
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
<input checked="" type="checkbox"/> C		
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) William Bauman		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7 Transaction ID: 92bdb59d14924a31b833
Mailing Address 670 Pine Point Drive		
City	State	Zip Code
Akron	OH	44304-1473
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00
<input checked="" type="checkbox"/> C		
Name of Employer Summa Health System	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Michael Boriss		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7 Transaction ID: 1fc270240a2c405693ad
Mailing Address 1002 Willets Road		
City	State	Zip Code
Marmora	NJ	08210-1968
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
<input checked="" type="checkbox"/> C		
Name of Employer Regional Heart and Lung Associates	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 43

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Neil Brandon		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address 47 Canonchet Way		Transaction ID: 49270928e70c47bab763 Amount of Each Receipt this Period 250.00
City Narragansett	State RI	
Zip Code 02882-7306		
FEC ID number of contributing federal political committee. C		
Name of Employer South County Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Thomas Brown		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address 510 S 26th Street		Transaction ID: fc1067b9d6f1489985f5 Amount of Each Receipt this Period 502.00
City West Des Moines	State IA	
Zip Code 50265-6457		
FEC ID number of contributing federal political committee. C		
Name of Employer Iowa Heart Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 502.00	

C. Full Name (Last, First, Middle Initial) John Brush		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 7
Mailing Address 844 Kempsville Road #204		Transaction ID: 030507-VQFF0EB835BC Amount of Each Receipt this Period 500.00
City Norfolk	State VA	
Zip Code 23502-3927		
FEC ID number of contributing federal political committee. C		
Name of Employer Cardiology Consultants, Ltd.	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)

1252.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Buetikofer

Mailing Address 6717 Manchester Farms Road

City State Zip Code
 Fairview PA 16502-2667

FEC ID number of contributing federal political committee.

C

Name of Employer
Consultants in Cardiovascular DiseasesOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 6 / 2 0 0 7

Transaction ID: 23037-17402285337448

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Cassidy

Mailing Address 114 Pasadena Dr. #A

City State Zip Code
 Lexington KY 40503-2907

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 806165ab002849b58d74

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Benjamin Cheong

Mailing Address 7777 Greenbriar Drive Apt. # 3002
Mc 2-270

City State Zip Code
 Houston TX 77030

FEC ID number of contributing federal political committee.

C

Name of Employer
St. Luke's Episcopal Hospital / TexasOccupation
MR/CT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: ce58ce81642c4c3487bb

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Sungwai Chiu Mailing Address 36-60 Main Street Suite 25 City Flushing State NY Zip Code 11354-6507 FEC ID number of contributing federal political committee. C Name of Employer Roosevelt Cardiology Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt MM / DD / YYYY 02 / 08 / 2007 Transaction ID: 1b7c31df387b4e9b9a8a Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) Mark Clark Mailing Address 1 Waterford Circle City Hampton State VA Zip Code 23666-6601 FEC ID number of contributing federal political committee. C Name of Employer Tidewater Heart Specialists Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt MM / DD / YYYY 02 / 27 / 2007 Transaction ID: 06094c42323b40d2a7aa Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Thomas Clark Mailing Address 709 Caronado Box 138 City Harlingen State TX Zip Code 78550-8847 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation CARDIOVASC. SURG. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt MM / DD / YYYY 02 / 08 / 2007 Transaction ID: a577b46eeaf241f4b8e0 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Peter Cohn Mailing Address 27 Bouton Road Tower 17, Room 020 City State Zip Code Huntington NY 11794-0001 FEC ID number of contributing federal political committee. C Name of Employer State University of New YorkHealth Sci Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>250.00</div>		Date of Receipt <div>02 / 27 / 2007</div> Transaction ID: d97cabed209d4f48a449 Amount of Each Receipt this Period <div>250.00</div>
B. Full Name (Last, First, Middle Initial) Thomas Davee Mailing Address 225 Mark Twain Avenue City State Zip Code Reno NV 89503-4541 FEC ID number of contributing federal political committee. C Name of Employer Reno Heart PhysiciansElm Street Profes Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>02 / 26 / 2007</div> Transaction ID: 7ef60b76563e4b6ab458 Amount of Each Receipt this Period <div>250.00</div>
C. Full Name (Last, First, Middle Initial) Thomas Davee Mailing Address 225 Mark Twain Avenue City State Zip Code Reno NV 89503-4541 FEC ID number of contributing federal political committee. C Name of Employer Reno Heart PhysiciansElm Street Profes Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>02 / 27 / 2007</div> Transaction ID: f912038ca1b348b097cc Amount of Each Receipt this Period <div>250.00</div>

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)

Francis Day

Mailing Address 110 Argyle Road

City State Zip Code
Ardmore PA 19003-2814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 7

Transaction ID: 58615-16802614927292

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Stanley Defehr

Mailing Address 3140 Southeast Bison Road

City State Zip Code
Bartlesville OK 74006-2441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Stem Cardiology

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 7

Transaction ID: 58615-38080996274948

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Yuri Deychak

Mailing Address 10 Floral Park Court

City State Zip Code
Gaithersburg MD 20817-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiac Consultants Charte-
red

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 7

Transaction ID: ed0ed08f9b4c4e9ab201

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Raymond Dusman Mailing Address 2109 Turnberry Lane City Fort Wayne State IN Zip Code 46814-9394 FEC ID number of contributing federal political committee. C Name of Employer Fort Wayne Cardiology Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt MM / DD / YYYY 02 / 27 / 2007 Transaction ID: b0ba2157d65242b0a7e4 Amount of Each Receipt this Period 400.00
B. Full Name (Last, First, Middle Initial) Gregory Fazio Mailing Address 500 Shady Dell Road City York State PA Zip Code 17403-4426 FEC ID number of contributing federal political committee. C Name of Employer Cardiac Diagnostics Assoc. Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 02 / 26 / 2007 Transaction ID: 2a651251bc5e48bfaa74 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Perry Frankel Mailing Address 6 Fairway Road City Roslyn State NY Zip Code 11042-1122 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt MM / DD / YYYY 02 / 08 / 2007 Transaction ID: 6e0701344c9c4cef9564 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)

1265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Michael Freed Mailing Address 48 Warren Street 300 Longwood Avenue City State Zip Code Newton MA 02115-5724 FEC ID number of contributing federal political committee. C Name of Employer Children's Hospital Occupation PEDIATRIC CARD. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 7 Transaction ID: 538bdec3a762444e9b33 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Jonathan Gilbert Mailing Address 2151 Waukegan Road Suite 101 City State Zip Code Bannockburn IL 60015-1857 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 8 / 2 0 0 7 Transaction ID: 972073247a814c78875c Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Brian Go Mailing Address 4308 Heathgate Lane City State Zip Code Raleigh NC 27613-2506 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 8 / 2 0 0 7 Transaction ID: 594ee98d882c4dd2a9c7 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mitchell Greenspan

Mailing Address 3 Lifemark Drive

City

Sellersville

State

PA

Zip Code

18960-1598

FEC ID number of contributing
federal political committee.**C**Name of Employer
Pennsylvania Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	7

Transaction ID: eea0723b495b470c8d5f

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sudhir Gupta

Mailing Address 4 Jarrot Drive

City

Shawnee

State

OK

Zip Code

74804-0007

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	7

Transaction ID: 9a46072211f74b648e76

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Stephen Guss

Mailing Address 8 Blue Stone Terrace

City

Morristown

State

NJ

Zip Code

07960-5377

FEC ID number of contributing
federal political committee.**C**Name of Employer
Morristown Card. Assocs.,
P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	0	7

Transaction ID: 2eadae6b16554d289791

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Clifford Hallam Mailing Address 7245 Waterview Point City Noblesville State IN Zip Code 46260-1992 FEC ID number of contributing federal political committee. C Name of Employer The Care Group Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: ccd49a69bb3d4acdabb31 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	7	1000.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	2		1	3		2	0	0	7																							
1000.00																																
B. Full Name (Last, First, Middle Initial) John Harold Mailing Address 2473 Jupiter Dr City Los Angeles State CA Zip Code 90046-1752 FEC ID number of contributing federal political committee. C Name of Employer Cedars-Sinai Medical Center Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 58615-43641299009323 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	8		2	0	0	7	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	2		0	8		2	0	0	7																							
250.00																																
C. Full Name (Last, First, Middle Initial) Howard Haronian Mailing Address 6 Camelback Way City Westerly State RI Zip Code 02891-2927 FEC ID number of contributing federal political committee. C Name of Employer Cardiology Specialists, Ltd. & Yale C Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 6e2afe103a464f299342 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	7	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	2		2	7		2	0	0	7																							
250.00																																

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) James Heger		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address 3235 N Washington Road		Transaction ID: 90a7be888a82491ba4c8
City Fort Wayne	State IN	Zip Code 46805-4705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Fort Wayne Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
B. Full Name (Last, First, Middle Initial) Mark Heitzman		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address RR 1, 570 Cummings Road		Transaction ID: a23f949bbce2407782df
City Barre	State VT	Zip Code 05641-9805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) Clair Hixson		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 1813 Fleetwood Drive		Transaction ID: 3b73fb9b9e0e433bb028
City Kingsport	State TN	Zip Code 37660-5728
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cardiovascular Associates, P.C. The He	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) David Holmes Mailing Address 1122 21st Street, Northeast City State Zip Code Rochester MN 55905-0001 FEC ID number of contributing federal political committee. C Name of Employer Mayo Clinic Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 02 / 27 / 2007 Transaction ID: cfb87a896c26410f959c Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Michael Honan Mailing Address 4329 Corinth Drive City State Zip Code Birmingham AL 35209-6807 FEC ID number of contributing federal political committee. C Name of Employer CardioVascular Associates Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 02 / 27 / 2007 Transaction ID: dd368c57c50c4cd285bb Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Robin Horn Mailing Address 2700 Silverside Road City State Zip Code Wilmington DE 19350-1344 FEC ID number of contributing federal political committee. C Name of Employer Cardiology Consultants Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 02 / 08 / 2007 Transaction ID: 194e3a1d761a433b8cca Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Victor Howard

Mailing Address 2484 Caring Way Suite B

City State Zip Code
 Port Charlotte FL 33952-5306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Victor N Howard MD PC

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 7 / 2 0 0 7

Transaction ID: df2e7170396c4bafadab

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Chad Hoyt

Mailing Address 1829 Parkland Drive

City State Zip Code
 Lynchburg VA 24501-2148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Associates of
Central Virgi

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 6b9ebe40f0564b71a2d6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Randy Johnson

Mailing Address 12486 Mentz Hill

City State Zip Code
 Saint Louis MO 63109-1251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology & Central Care
Consultants,

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 8 / 2 0 0 7

Transaction ID: 540f6492b66f4407b490

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Paul Kirschbaum Mailing Address 2001 Grand Prix Drive City Atlanta State GA Zip Code 30033-6145 FEC ID number of contributing federal political committee. C Name of Employer Atlanta Heart Group Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 7 Transaction ID: 63c7f5ef29ea41eab585 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Gregory Koshkarian Mailing Address 3350 E Finger Rock Circle 6080 N La Cholla Boulevard City Tucson State AZ Zip Code 85741 FEC ID number of contributing federal political committee. C Name of Employer Heart Care of Southern Arizona Desert Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7 Transaction ID: 030507-VQEF0ED9DB7A Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) William Lewis Mailing Address 24707 Tricia Drive City Westlake State OH Zip Code 44109-1900 FEC ID number of contributing federal political committee. C Name of Employer Metro Health Medical Center Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 7 Transaction ID: 58615-06260317564010 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)

Edward Lominack

Mailing Address PO Box 8795

City	State	Zip Code
Greenville	SC	29604-8795

FEC ID number of contributing
federal political committee.**C**Name of Employer
Carolina Cardiology Consu-
ltants, P.A.Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	0	7

Transaction ID: 546448bed9554cd38700

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

William Lyons

Mailing Address 777 Terrance Avenue

City	State	Zip Code
Hasbrouck Heights	NJ	07661-1210

FEC ID number of contributing
federal political committee.**C**Name of Employer
Cardiovascular Consults
of North JerseyOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	7

Transaction ID: 4916065a56664c46833f

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Kathleen Magness

Mailing Address 3014 Hollow Road

City	State	Zip Code
Malvern	PA	19355-8660

FEC ID number of contributing
federal political committee.**C**Name of Employer
Clinical Care Associates/
PMA MedicalOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	0	7

Transaction ID: ab59135df26244dfa837

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)

Kenneth Mamidi

Mailing Address 691 Sutton Rd

City State Zip Code
 Shavertown PA 18708-9550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Geisinger Clinic Wilkes
Barre

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 3 / 2 0 0 7

Transaction ID: 3TD7164EDSY9

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Bashar Markabawi

Mailing Address 689 Apache Drive

City State Zip Code
 Lake Havasu City AZ 86406-7161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Heart Institute

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 87a47a70a86a40788fcd

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)

Ronald Miller

Mailing Address 23755 Woodlynne Drive

City State Zip Code
 Bingham Farms MI 48025-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consultants in Cardiology,
P.C.

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 6 / 2 0 0 7

Transaction ID: 273da0fadaf64d01af3f

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Irfan Mirza Mailing Address 1648 Highway 95 City State Zip Code Bullhead City AZ 86442-7906 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Self-Employed ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 7 Transaction ID: 17f446fc189b4e8692a9 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Thomas Mladi Mailing Address 8548 Cascade City State Zip Code Commerce Twp MI 48382-4707 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Self-Employed ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 8 / 2 0 0 7 Transaction ID: ed378c61f1fb4585b74c Amount of Each Receipt this Period 300.00
C. Full Name (Last, First, Middle Initial) Brenda Mullins Mailing Address 3433 Northwest 56th Street Suite 400 City State Zip Code Oklahoma City OK 73112-4430 FEC ID number of contributing federal political committee. C Name of Employer Plaza Medical Group Occupation Plaza Medical Group INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 7 Transaction ID: c8b2fce537ec49cfb4a6 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Gerald Naccarelli Mailing Address 1600 Nottingham Drive 500 University Drive Room H1511 City Hummelstown State PA Zip Code 17033-0850 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7 Transaction ID: 783af668070a4ba9bb98 Amount of Each Receipt this Period 250.00
Name of Employer Penn State Milton S. Hershey Medical Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) John Nash Mailing Address 625 S New Ballas Road Suite 2015 City Saint Louis State MO Zip Code 63141-8253 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7 Transaction ID: ee7c7b98d43b47ac85ec Amount of Each Receipt this Period 250.00
Name of Employer Metro Heart Group Inc Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Charles O'Shaughnessy Mailing Address 32411 Nottingham Drive City Avon Lake State OH Zip Code 44012-2192 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7 Transaction ID: 5124691563004ea7b213 Amount of Each Receipt this Period 1000.00
Name of Employer North Ohio Heart Center Occupation INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Michael Poon Mailing Address 227 East 19th Street Room 549B City State Zip Code New York NY 10003-2602 FEC ID number of contributing federal political committee. C Name of Employer Cabrini Medical Center Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7 Transaction ID: 5d86ed4193ff4d14a158 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Marshall Priest Mailing Address 300 E Jefferson Street Suite 201 City State Zip Code Boise ID 83712-6261 FEC ID number of contributing federal political committee. C Name of Employer Idaho Cardiology Associates Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 6 / 2 0 0 7 Transaction ID: c029f2d04edd494e8dc4 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Steven Priest Mailing Address 3222 W Riverside Drive City State Zip Code Fort Myers FL 33907-4539 FEC ID number of contributing federal political committee. C Name of Employer Florida Heart Associates Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 7 Transaction ID: f65b6cebcbdf543e3938c Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Peter Rahko		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7 Transaction ID: 3185ddadf01245a6b571
Mailing Address 3410 Noll Valley Circle 600 Highland Avenue		
City	State	Zip Code
Verona	WI	53792-0001
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer University of Wisconsin		Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00

B. Full Name (Last, First, Middle Initial) Anuradha Rao		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 7 Transaction ID: 4f1ff11154264e8ea761
Mailing Address 1280 Columbiana Road Suite 100		
City	State	Zip Code
Birmingham	AL	35216-1642
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer CardioVascular Associates		Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1000.00

C. Full Name (Last, First, Middle Initial) Gary Rich		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7 Transaction ID: b7c84d923f5c42ebb327
Mailing Address 736 South Mobile Street		
City	State	Zip Code
Fairhope	AL	36604-1416
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer The Heart Group		Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 275.00

SUBTOTAL of Receipts This Page (optional)

1575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Robert Robichaux
Mailing Address 155 Weatherly Way

City State Zip Code
Pelham AL 36116-2409

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAB School of Medicine

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 7

Transaction ID: 3a0eee5895c04509b33b

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
George Rodgers
Mailing Address 3300 Duval Road Suite 150

City State Zip Code
Austin TX 78759-3542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biophysical Corporation

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 7

Transaction ID: 030507-VUJF0E5CEE31

Amount of Each Receipt this Period

85.00

C. Full Name (Last, First, Middle Initial)
Veronique Roger
Mailing Address 200 First Street Southwest

City State Zip Code
Rochester MN 55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo ClinicCardiovascular
Division

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 7

Transaction ID: 4494c2093f9642a2ab10

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

835.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Donald Rubenstein Mailing Address 712 Grove Road City Greenville State SC Zip Code 29605-4211 FEC ID number of contributing federal political committee. C Name of Employer Arrhythmia Consultants PA Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt MM / DD / YYYY 02 / 13 / 2007 Transaction ID: 535f6642c0684334816c Amount of Each Receipt this Period 365.00
B. Full Name (Last, First, Middle Initial) Frank Ryan Mailing Address 705 Ridgemont Ave City Rockville State MD Zip Code 20850-6060 FEC ID number of contributing federal political committee. C Name of Employer American College of Cardiology Occupation Director, PAC & Grassroots Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 02 / 08 / 2007 Transaction ID: 58615-97449892759324 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) R. Gregory Sachs Mailing Address 92 Mountain Avenue City Summit State NJ Zip Code 07922-2104 FEC ID number of contributing federal political committee. C Name of Employer Summit Medical Group Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 02 / 28 / 2007 Transaction ID: 41fbadc474c644c2aac4 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Michele Sartori Mailing Address 2102 Rice Boulevard City State Zip Code Houston TX 77030-2308 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 7 Transaction ID: 71a7ab5659624ce0a3fe Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Lawrence Schek Mailing Address 1 Columbia Street City State Zip Code Poughkeepsie NY 12578-2133 FEC ID number of contributing federal political committee. C Name of Employer Heart Center Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 7 Transaction ID: ebd54de0bb794b369887 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Douglas Schreck Mailing Address 13723 Weddington Street City State Zip Code Van Nuys CA 91401-5825 FEC ID number of contributing federal political committee. C Name of Employer Foothill Cardiology Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 6 / 2 0 0 7 Transaction ID: 351c7cfe07b94ca987a2 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mylappan Selvaraj

Mailing Address 109 Winterwood Drive
Suite 670

City State Zip Code
Butler PA 16201-7134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 7

Transaction ID: 76e242a953bf4a0c9bf2

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

M. Eugene Sherman

Mailing Address 5110 South Hanover Way

City State Zip Code
Englewood CO 80011-6742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aurora Medical Associates,
PC

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 7

Transaction ID: 657f61b1d40a45069e46

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Hullukunte Shivaprasad

Mailing Address 1046 Enid Drive

City State Zip Code
Wheelersburg OH 45694-9370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 7

Transaction ID: e2bb591a76b6418d9011

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)

Chittur Sivaram

Mailing Address 1616 Boomer Trail North
PO Box 26901

City State Zip Code
Edmond OK 73190-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma &
DVA Medical C

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 7

Transaction ID: 300b6913d0ce4831b0d6

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Jeffrey Skiles

Mailing Address 423 S Washington Street

City State Zip Code
Winchester VA 22601-4032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 7

Transaction ID: db24c575138e40bcafc2

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)

Robert Slama

Mailing Address 44 Edgewood Road

City State Zip Code
Summit NJ 07922-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Medical Group

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 7

Transaction ID: 9d5a90aac24c4bbb8546

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. J. Smith

Mailing Address 200 Lothrop St., Puh F392

City State Zip Code
Pittsburgh PA 15213-2546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Pittsburgh Med Ctr

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 7

Transaction ID: 64f841a73e194562bfa7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Budge Smith

Mailing Address 15506 139th Avenue Southeast

City State Zip Code
Snohomish WA 98290-6741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Heart & Vascular Cen-
ter

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 7

Transaction ID: 2a2f2ab101a044cfb9bd

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David Smith

Mailing Address 4765 Twinbrook Circle

City State Zip Code
Doylestown PA 18902-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Bucks Specialists
Ltd

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 7

Transaction ID: 328196102b52437dabf2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Karen Stark		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address 9090 N 96th Place		
City	State	Zip Code
Scottsdale	AZ	85258-5047
FEC ID number of contributing federal political committee.		Transaction ID: 7f109b39988640d0ae0a
Name of Employer Self-Employed		Amount of Each Receipt this Period 500.00
Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Robert Stuppy		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address 831 Rustic Ridge		
City	State	Zip Code
Joplin	MO	64804-4573
FEC ID number of contributing federal political committee.		Transaction ID: 61a9cf71134343e2878d
Name of Employer Self-Employed		Amount of Each Receipt this Period 500.00
Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Donald Summers		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 8 Pine Drive		
City	State	Zip Code
Port Washington	NY	11050-3404
FEC ID number of contributing federal political committee.		Transaction ID: a50a144b20c949e3909d
Name of Employer Self-Employed		Amount of Each Receipt this Period 250.00
Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vaishali Swami

Mailing Address 767 Windsor Street

City State Zip Code
 Orangeburg SC 32757-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 3 / 2 0 0 7

Transaction ID: 6d6f2d6accb54b1aa19c

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Clifford Talbert

Mailing Address 25 Doctors Park

City State Zip Code
 Cape Girardeau MO 63703-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Consultants
of Cape Gira

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 7

Transaction ID: 366c7829dba44c238852

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kenneth Tjeerdsma

Mailing Address 1090 Pachsama Ct

City State Zip Code
 Sioux City IA 51108-8738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Associates

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 8 / 2 0 0 7

Transaction ID: d3be37418f5945a8aec7

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)

Michael Turner

Mailing Address 2406 John's Alley

City State Zip Code
 Lake Charles LA 70601-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Specialist-
sof Southwest

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 8 / 2 0 0 7

Transaction ID: 58615-72822207212448

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ernesto Umana

Mailing Address 1238 Skip Wells Court

City State Zip Code
 Tallahassee FL 32308-4646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Medical Group

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 2 / 2 0 0 7

Transaction ID: 319IWZ2L1CU15

Amount of Each Receipt this Period

275.00

C. Full Name (Last, First, Middle Initial)

Ravi Vallabhan

Mailing Address 621 N Hall Street #500

City State Zip Code
 Dallas TX 75226-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Place

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 7

Transaction ID: 67e280a663f845fc91e8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
William Van Decker

Mailing Address 1051 Montgomery Avenue

City State Zip Code
Narberth PA 19072-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Temple University HospitalOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	0	7

Transaction ID: 71ef4624653c461883f5

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Diane Wallis

Mailing Address 3825 Ighland Avenue
Suite 400

City State Zip Code
Downers Grove IL 60515-1562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Heart SpecialistsOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	0	7

Transaction ID: 6965e1163a3c4ee98bdb

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mary Walsh

Mailing Address 428 West 83rd Place

City State Zip Code
Indianapolis IN 46260-4905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Director, CHF and Nuclear
CardiologyThOccupation
HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	0	7

Transaction ID: 030507-VUHF0E5CEFEA

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Samuel Ward

Mailing Address 3927 State Street

City State Zip Code
 Erie PA 16502-2667

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consultants in Cardiovasc-
ular Diseases

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 7

Transaction ID: c5e7c9c5a52e4750a30a

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Donald Westerhausen

Mailing Address 837 Cedar Street #420

City State Zip Code
 South Bend IN 46617-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Medical Group, LLC

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 8 / 2 0 0 7

Transaction ID: 5ae4b8e9353248fba77b

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Harvey White

Mailing Address 1020 El Pueblo Northwest

City State Zip Code
 Albuquerque NM 87102-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Mexico Heart Institute

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 7

Transaction ID: bd5c1366ce9449d4b48c

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Windsor

Mailing Address 310 N 10th Street

City

Bismarck

State

ND

Zip Code

58501-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart & Lung Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 7

Transaction ID: 030507-VUHF0E5CEFB7

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

37377.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 43

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City State Zip Code
 Richmond VA 23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1469.35

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 5 / 2 0 0 7

Transaction ID: 81629-42116945981979

Amount of Each Receipt this Period

186.99

Reimburse for Jan. Amex
Fees

Full Name (Last, First, Middle Initial)

B. American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City State Zip Code
 Richmond VA 23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1469.35

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 5 / 2 0 0 7

Transaction ID: 81629-05775088071823

Amount of Each Receipt this Period

267.59

Reimburse for Feb. Disc./-
Merchant Fees

SUBTOTAL of Receipts This Page (optional)

454.58

TOTAL This Period (last page this line number only)

454.58

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P.O. Box 53852

City
PhoenixState
AZZip Code
85072-3852Purpose of Disbursement
February Amex Fees

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: V99072-5889551043510

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	7

Amount of Each Disbursement this Period

183.22

Full Name (Last, First, Middle Initial)

B. Discover Business Services

Mailing Address P.O. Box 3010

City
New AlbanyState
OHZip Code
43054Purpose of Disbursement
February Discover Fees

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: M79418-4898950457572

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	2	/	2	0	0	7

Amount of Each Disbursement this Period

2.09

Full Name (Last, First, Middle Initial)

C. Merchant Services

Mailing Address 7300 Chapman Hwy

City
KnoxvilleState
TNZip Code
37920Purpose of Disbursement
February Merchant Fees

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: M79418-0902215838432

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	2	/	2	0	0	7

Amount of Each Disbursement this Period

169.49

SUBTOTAL of Disbursements This Page (optional)

354.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wachovia Bank

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
February Merchant Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: M79418-2849847674369

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2007

Amount of Each Disbursement this Period

96.01

SUBTOTAL of Disbursements This Page (optional)

96.01

TOTAL This Period (last page this line number only)

450.81

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee for a Democratic Majority

Mailing Address 301 4th St NE
Ste 202

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23162-3712121844291

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Price for Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Contribution

Candidate Name
Thomas Price

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 06

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23162-9009210467338

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

7500.00